

diagnosed and in others salpingitis, but at the operation both conditions were found to be present, so that there was no mistake in the diagnosis. The lesson to be learned is that the first thing to do in treating dysmenorrhœa and inflammation of the right side of the pelvis is to have the bowels thoroughly moved. No reliance must be placed on enemas for this purpose as they only empty the rectum. Ten grains of calomel followed in five hours by a saline. Several cases have recently been reported where all arrangements had been made for removing the appendix, but as soon as the calomel and saline had moved the bowels the patient rapidly got well. However, when a patient has had more than one attack, however slight, she should have the appendix removed soon after recovering from the second attack, while in severe attacks incision and drainage should be done within twenty-four hours.

Several cases have been reported in the journals where immediate recovery followed this method without breaking up the wall of adhesions which nature almost always throws up to save the general peritoneal cavity from infection. Many other cases are recorded where these adhesions were broken up in the endeavor to be very thorough in the effort to remove the remains of the appendix, and in all of them the patient died.

*Vaginal hysterectomy for procidentia.* Although it is not very certain for how many thousands of years the womb has been falling out of the body, it is probable that it was the first gynecological disease to receive treatment. Of course until within the last ten or twenty years the relief obtained by pessaries was only partial, because, as a rule, the perineum was torn, and the outlet of the vagina at the vulva was as large as any other part of it, so that it was difficult to keep any support in. Large ring pessaries, and stem and cup pessaries held in by a perineal bandage were the most effective, but were very inconvenient, while sometimes quite dangerous owing to the cutting of the pessary through the vagina into the peritoneal cavity. The present methods are much more satisfactory, and have the merit of effecting a